

# HOUSING ASSISTANCE PAYMENT REGISTER

PARTICIPANT NUMBER: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

PROPERTY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

\_\_\_\_\_  
TIN NUMBER

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

UNIT SIZE \_\_\_\_\_

## SEND PAYMENT TO IF DIFFERENT FROM OWNER:

C/O: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**NEXT ANNUAL  
CERTIFICATION** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

- 1 \_\_\_\_\_ NEW ADMISSION
- 2 \_\_\_\_\_ ANNUAL CERTIFICATION
- 3 \_\_\_\_\_ INTERIM CERTIFICATION
- 4 \_\_\_\_\_ PORTABILITY MOVE-IN
- 5 \_\_\_\_\_ PORTABILITY MOVE-OUT
- 6 \_\_\_\_\_ END PARTICIPATION
- 7 \_\_\_\_\_ OTHER/CHANGE
- 8 \_\_\_\_\_ FSS/WtW ADDENDUM ONLY
- 9 \_\_\_\_\_ ANNUAL CERTIFICATION SEARCHING
- 10 \_\_\_\_\_ ISSUANCES OF VOUCHER
- 11 \_\_\_\_\_ EXPIRATION OF VOUCHER
- 13 \_\_\_\_\_ ANNUAL HQS INSPECTION ONLY

\_\_\_\_\_  
CONTRACT RENT:

\_\_\_\_\_  
FAMILY RENT

\_\_\_\_\_  
SECTION 8

\_\_\_\_\_  
UTILITY REIMBURSEMENT

\_\_\_\_\_  
TOTAL HAP PAYMENT

\_\_\_\_\_  
TOTAL TENANT PAYMENT

\_\_\_\_\_  
GROSS RENT

\_\_\_\_\_  
CHANGE OWNER NAME/ADDRESS

\_\_\_\_\_  
EFFECTIVE DATE

\_\_\_\_\_  
CHANGE FAMILY NAME

\_\_\_\_\_  
INITIATE/CHANGE UTILITY REIMBURSEMENT

\_\_\_\_\_  
HOLD PAYMENT

NOTES: \_\_\_\_\_

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